

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 02 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 70369.08		
City Washington State DC Zip Code 20005		Transaction ID : B621423 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 02 / 2016			
Purpose of Expenditure Canvassing		Category/Type 004			
Name of Federal Candidate Hillary Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Advocates of Ohio Mailing Address 206 E State St. City Columbus State OH Zip Code 43215 Purpose of Expenditure Canvassing Category/Type 004			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 02 / 2016 Amount 8912.13 Transaction ID : B621425 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 02 / 2016		
Name of Federal Candidate Hillary Clinton <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79281.21		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Deirdre Schifeling</i>			Date MM / DD / YYYYYY 08 / 04 / 2016		

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 4456.07		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621432		
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 547303.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 5941.41		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621444		
Purpose of Expenditure Events		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 547303.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10397.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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*Deirdre Schifeling**[Electronically Filed]*

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 2792.50	
City Denver	State CO	Zip Code 80207	Transaction ID : B621446
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 25250.70	
City Washington	State DC	Zip Code 20005	Transaction ID : B621443
Purpose of Expenditure Events		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28043.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 1241.10	
City Denver	State CO	Zip Code 80207	Transaction ID : B621450
Purpose of Expenditure Events	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 25250.72	
City Washington	State DC	Zip Code 20005	Transaction ID : B621437
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26491.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 31563.40		
City Washington	State DC	Zip Code 20005	Transaction ID : B621439		
Purpose of Expenditure Phone Calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		547303.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Latino Decisions			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016		
Mailing Address 15 South Grady Way, Suite 620			Amount 14050.00		
City Seattle	State WA	Zip Code 98057	Transaction ID : B621451		
Purpose of Expenditure Polling		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		547303.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45613.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 31563.40	
City Washington	State DC	Zip Code 20005	Transaction ID : B621441
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016	
Name of Federal Candidate Catherine Cortez-Masto		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 136468.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 2792.50	
City Denver	State CO	Zip Code 80207	Transaction ID : B621449
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016	
Name of Federal Candidate Catherine Cortez-Masto		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 136468.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34355.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 25250.72		
City Washington	State DC	Zip Code 20005	Transaction ID : B621435		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016		
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 136468.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 25250.72		
City Washington	State DC	Zip Code 20005	Transaction ID : B621434		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016		
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 136468.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50501.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016
Mailing Address 7155 E. 38th Avenue		Amount 2792.50
City Denver	State CO	Zip Code 80207
Purpose of Expenditure Phone calls	Category/ Type 004	Transaction ID : B621448 Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Joseph Heck		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016
Mailing Address 1110 Vermont Ave N.W. #300		Amount 31563.40
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Phone calls	Category/ Type 004	Transaction ID : B621442 Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Joseph Heck		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34355.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 70369.08		
City Washington	State DC	Zip Code 20005	Transaction ID : B621421		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016		
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 593239.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 8912.13		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621428		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016		
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 593239.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79281.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 4456.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621429
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 4456.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621430
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8912.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 70369.08	
City Washington	State DC	Zip Code 20005	Transaction ID : B621422
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Ted Strickland		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 8912.13	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621427
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Ted Strickland		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79281.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling**[Electronically Filed]*

Date

MM / DD / YYYY
08 / 04 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 70369.08	
City Washington	State DC	Zip Code 20005	Transaction ID : B621424
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 4456.07	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621431
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74825.15
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 8912.13	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621426
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 02 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 25250.72	
City Washington	State DC	Zip Code 20005	Transaction ID : B621436
Purpose of Expenditure Canvassing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016	
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34162.85
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 15
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 31563.40	
City Washington	State DC	Zip Code 20005	Transaction ID : B621440
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 2792.50	
City Denver	State CO	Zip Code 80207	Transaction ID : B621447
Purpose of Expenditure Phone calls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34355.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Latino Decisions		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016	
Mailing Address 15 South Grady Way, Suite 620		Amount 14050.00	
City Seattle	State WA	Zip Code 98057	Transaction ID : B621452
Purpose of Expenditure Polling	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 547303.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14050.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	633908.81

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